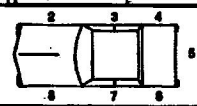



OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-19941		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: DAY 10/26/16 WED		TIME: MILITARY 1758				
CRASH OCCURRED ON 1248 Columbus AVE.				WITHIN THE INTERSECTION OF Buffalo Wild Wings								
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE				
MILES _____ FEET _____				W _____ E _____ S _____ OF _____								
LOG-1		LOG-2		LOC JUR FH9 FILT								
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Hastings						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Thoma, Emily				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1791 E. Lower Springsboro Rd. Waynesville OH								
PHONE NO. 937-654-6916		BIRTH DATE 5/27/91		AGE 25	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. TK284759	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS						PHONE		
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR				
11	Ford	45	Black		OH	FXC5715		FROM TO				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
												
8	UNIT NO. 2	NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Travelers						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Shehane, Gabriel				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
PHONE NO. 513-932-2948		BIRTH DATE 12/23/92		AGE 23	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. TU281421	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Shehane, Deborah				ADDRESS Same						PHONE		
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR				
05	Toyota	SW	Blk		OH	FWU8469		FROM TO				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
												
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
		ADDRESS		PHONE		SEX						
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	A B C D E F		CONDITION			
		ADDRESS		PHONE		SEX			A B C D E F			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
		ADDRESS		PHONE		SEX						
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL				
D E F		INJURED TAKEN TO		By		A B C D E F		A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED				
A B C		INJURED TAKEN TO		By		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN				
D E F		INJURED TAKEN TO		By		A B C D E F		A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED				
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		EJECTION				
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		DRUGS				
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED				
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